

Entered -02-16-99 - sb
CL 99L0088 - GWENDOLYN BURNS

CLAIM OF:

FERRIS J. HOWARD
3845 Fellwood Place
College Park, Georgia 30049

01- R-1556

For property damages alleged to have been sustained from a water
main break on November 19, 1998 at 3845 Fellwood Place.

THIS ADVERSED REPORT IS
APPROVED

BY:

Rosalind Rubens Newell by
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert, City DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0088

Date: September 14, 2001

Claimant /Victim FERRIS J. HOWARD
BY: (Atty) (Ins. Co.) _____
Address: 3845 Fellwood Place, College Park, Georgia 30349
Subrogation: _____ Claim for Property damage \$ 5,424.83 Bodily Injury \$ _____
Date of Notice: 2/15/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 11/19/98 Place: 3845 Fellwood Place
Department WATER Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges he sustained damages when his home was flooded from a hydrant that was turned on by City workers during a water main repair. However, an investigation determine that the City does not have any record of a main break or repair at the incident location in question. (Companion claim: 99L0327)

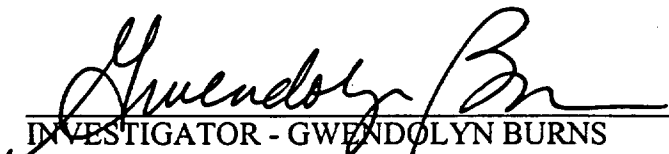
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

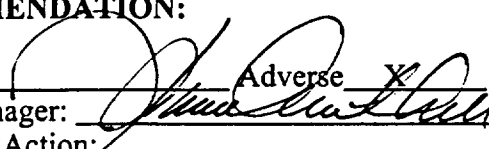
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 09-14-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERKCity Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 1-26-99BURNS
02/15/99
P

Dear Municipal Clerk:

ENTERED - 2-16-99 - SB
99L0088 - GWEN BURNS
02-05-99P04:05 RCVDThis is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 5424⁸³ property and/or \$ _____ bodily injury for which I contend the City is liable.1. Date of incident: 11-19-98 2. Time of Incident: _____ 3. Police called: _____
(month/day/year) Yes No4. Location of incident (including street address): 3845 FELLWOOD PL, COLLEGE PARK5. Name of your insurance company: STATE FARM Policy No. _____6. State what and how incident occurred: WATER MAIN BROKE * WHEN HYDRANTS WERE TURNED BACK ON HOME WAS FLOODED

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant: Gwen BurnsFERRIS J. HOWARD
(Print Claimant's Name)3845 FELLWOOD PL
(Address)COLLEGE PARK GA 30349
(City, State and Zip Code)404-596-8844 404-766-0490
(Work Number) (Home Number)

01-2-1556

TOTAL P.06